

BOARD OF INTERMEDIATE AND SECONDARY EDUCATION ABBOTTABAD

REGISTRATION FORM FOR CLASS: _____ SCHOOL/COLLEGE CODE _____ GENDER _____

INSTITUTION NAME: _____

ENROLLMENT/ REGISTRATION NO	NAME	FATHER NAME	DOB	GROUP	OPTIONAL SUBJECT	PREVIOUS ROLL NO/SESS/YEAR	PHOTO SIZE: 1x0.85

TO BE ATTACHED

1. ORIGINAL MIGRATION CERTIFICATE

2. COPY OF DMC

3. ORIGINAL BANK RECEIPT RS. _____ BANK _____ BRANCH CODE _____

NAME/SIGNATURE OFFICE SEAL

PHONE NO _____